

Chapel Level Nursing Home Care Home Service

34 Broom Gardens
Kirkcaldy
KY2 6YZ

Telephone: 01592 644 443

Type of inspection:
Unannounced

Completed on:
20 September 2022

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300682

About the service

Chapel Level is a care home for older people situated in a residential area of Kirkcaldy, close to local transport links, shops and community services. The service provides nursing and residential care for up to 60 people. The provider is HC-One Limited.

The service provides accommodation over one floor with single bedrooms, each with ensuite toilet and wash hand basin facilities. The home has two wings - Heather and Thistle. Each has two sitting rooms and a dining area.

About the inspection

This was a follow up inspection which took place on 13 September 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and four of their relatives
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

We observed some kind and caring interactions between carers and residents.

- People told us that staff were kind and friendly.
- People were supported to have relatives to visit freely at any time.
- Care plans and risk assessments were up to date and of an appropriate standard.
- People were being supported safely at meal times.
- There was enough staff on shifts to meet people's needs.
- The new leadership team a safe level of overview of the service and this had helped improve the quality of care and support people received
- The service needs to continue to build on meaningful activities.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We carried out an inspection of the home in June 2022. We were concerned about standards in the home. An improvement notice was issued to the provider on 1 July 2022. Five requirements were made. Evaluations of weak were made across all quality themes.

A series of visits to the home were made between July and September to monitor progress.

Our findings from this inspection can be found in the 'What the service has done to meet requirements made at or since the last inspection' section of this report.

The service had met each requirement made during the enforcement process.

Significant improvements were noted and outcomes for people living in the service were better.

We have increased our evaluations of this service as a result.

Two areas for improvement have been made.

The service had recently appointed two new wellbeing co-ordinators to support people with meaningful activities. They were learning about people's interests and preferences. Some people and their relatives expressed that there was not always enough for people to do (see area for improvement one).

Areas for improvement

1. To support people living in the home to experience meaningful days the service should ensure that there are adequate social and recreational activities available to meet peoples needs and interests.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that; "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1:25).

How good is our leadership?

3 - Adequate

Our findings from this inspection can be found in the 'What the service has done to meet requirements made at or since the last inspection' section of this report.

How good is our staff team?

3 - Adequate

Our findings from this inspection can be found in the 'What the service has done to meet requirements made at or since the last inspection' section of this report.

The service should continue to build on the newly introduced systems for supervision and appraisal. This is to ensure that staff have regular planned opportunities to discuss their role and to develop their skills to support people well.

Areas for improvement

1. The provider should ensure that staff are given regular supervision and support. Through addressing this, staff will be supported to develop and improve the quality of their practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (3.14)

How good is our setting?

3 - Adequate

Our findings from this inspection can be found in the 'What the service has done to meet requirements made at or since the last inspection' section of this report.

How well is our care and support planned?

3 - Adequate

Our findings from this inspection can be found in the 'What the service has done to meet requirements made at or since the last inspection' section of this report.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

This requirement was included in the Improvement Notice dated 1 July 2022

By 11 September 2022, extended from 30 July 2022, you must ensure that service users' health, safety and wellbeing needs are being accurately assessed, documented, met, and are effectively communicated between all relevant staff. This means putting the service user at the centre, identifying what is important to them, and ensuring that everyone is working together to maximise their health, safety, and wellbeing. In particular you must:

- a) Assess and record service users' health, safety, and wellbeing needs within their care plan taking account of their choices and preferences.
- b) Ensure that any risks to a service user's health, safety or wellbeing are identified, managed, and clearly recorded as part of the care planning process and that they are protected from harm.
- c) Ensure that each service user's health and wellbeing is consistently monitored and

evaluated to inform the level of care required. This should include as a minimum: - stress/distress, wound care, falls management, nutrition management.

d) Ensure that all care records and associated documentation are easily accessible and legible for staff to read.

This is to comply with regulations 3, 4(1)(a) (Welfare of users), and 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 1 July 2022.

Action taken on previous requirement

People's needs were assessed regularly. Care plans had improved and reflected people's needs and preferences. Further improvements should continue to ensure people's care plans are person-centred and reflect people's wishes and choices.

Health assessments included nutrition, falls risks and skin health. Where a risk was identified a specific care plan to guide staff about how best to support the person had been developed. This helped to reduce risks to people. Care plans were evaluated on a regular basis. Staff training was delivered in stress/distress, wound care, falls and nutrition management and developing person centred care planning. Staff's knowledge, skills and confidence increased, and people experienced improved outcomes.

Care plans were now arranged in a logical order and were clear to read with many being typed. This meant that staff could easily access care information to support people well.

Met - outwith timescales

Requirement 2

This requirement was included in the Improvement Notice dated 1 July 2022

By 11 September 2022, you must ensure that service users receive care that meets their health, safety and wellbeing needs and which enables them to exercise choice in their daily life. In particular you must ensure:

- a) There are enough suitably qualified, knowledgeable and skilled staff on shift to meet service users' needs at all times
- b) The numbers and skill mix of staff employed are based on an accurate assessment of each service users' needs, including needs arising from living with other service users in a group, taking the layout of the building into account
- c) There is a sufficiency of staff on shift each day, suitably deployed to ensure service users are supported well in accordance with their agreed plan of care and that they can summon assistance and receive support in a timely manner

This is to comply with regulations 4(1)(a) (Welfare of users) and 15(a) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 1 July 2022.

Action taken on previous requirement

Staffing levels had improved across the home. The service had recruited both nurses and carers and recruitment remained ongoing. Whilst the service continued to use agency staff, this had reduced as more permanent staff were employed. This included nurses, senior carers and carers. The employment of additional senior care staff helped to ensure a good skill mix of staff.

There was a sufficiency of staff on each shift, who were deployed appropriately to support people safely. Most agency staff worked in the service on a regular basis. This helped ensure people received consistent care and support.

Met - within timescales

Requirement 3

This requirement was included in the Improvement Notice dated 1 July 2022

By 30 July 2022, you must ensure that service users are protected from harm and receive care and support delivered by staff who have been safely recruited. In particular, you must:

- a) Demonstrate that you have followed all best safer recruitment guidance.
- b) Ensure that where safer recruitment practice guidance has not been followed, this has been addressed.

This is to comply with Regulation 9(1) (Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 1 July 2022.

Action taken on previous requirement

The service was now following safer recruitment guidance. Retrospective checks had been carried out for all staff employed in the service. Where people had applied for a post at the home they only started when all relevant checks including references and PVG safety checks.

Met - within timescales

Requirement 4

This requirement was included in the Improvement Notice dated 1 July 2022

By 11 September 2022, you must ensure that staff have the knowledge, skills and understanding to meet the assessed needs of service users. In particular you must:

- a) Have in place and implement appropriate action plans to support staff training and development.
- b) Ensure that all staff (including agency staff) have met identified mandatory training requirements.
- c) Ensure that staff have regular and planned supervision and appraisal meetings to support their practice.
- d) Develop and implement processes to monitor and evaluate staffs' ability to put learning into practice.

This is to comply with Regulation 4(1)(a) (welfare of users) and 15(b)(i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

This requirement was made on 1 July 2022.

Action taken on previous requirement

The service had reviewed all staff training and developed action plans which supported staff training. Staff felt that the training had been valuable and helped improve their practices. We were satisfied that staff, including agency staff, had completed mandatory training. We found evidence that training received had led to improved outcomes for people. This included nutrition management including choking risks, staff were seen to be supporting people safely. Care plan training had led to improvement in essential information needed to support people well, the plans were easier to navigate and legible. An agency nurse commented that the care plans were clear about how to support a person with a specific health need. This had led to a good outcome for the person. This reflected our findings on examination of plans and observations of staff practice.

A system had been developed to ensure staff had regular opportunities to have supervision and appraisal. Some staff had been supported in supervision individually and others in group supervision. Senior staff across different departments of the home had been identified as supervisors. This meant that more opportunities for supervision would be available to support staff. This was in the early stages of development and included in the home's development plans to fully implement. The service carried out observations of staff practice.

Met - within timescales

Requirement 5

This requirement was included in the Improvement Notice dated 1 July 2022

By 11 September 2022, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for service users through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. In particular you must:

- a) Ensure appropriate and effective leadership of the service
- b) Ensure assessment of the service's performance through effective audit;
- c) Where audits identify areas for improvement these should be detailed in action plans which must be developed and acted upon. Action plans should specify the actions to be taken, timescales, who is responsible and the expected outcome.
- d) Ensure all staff are accountable for and carry out the required remedial actions set out within action plans; and
- e) Review the effectiveness of actions put in place to ensure these elicit positive outcomes for the health, safety, and welfare of people experiencing care.

This is to comply with Regulations 3 and 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210).

This requirement was made on 1 July 2022.

Action taken on previous requirement

During the period of this Improvement Notice the home had no permanent manager. To address this the provider put in place a temporary experienced management team to oversee the home. Regular and sustained senior leadership support had ensured that the service was supported safely.

The provider had a range of quality systems in place to support improvement. Quality assurance audits were carried out regularly and areas for improvement that were identified were addressed effectively. Where gaps were identified time scaled action plans were put in place. Adjustments were made to systems, processes and practice which enhanced people's health, safety, and wellbeing.

Met - within timescales

Requirement 6

This requirement did not form part of the improvement notice and was contained within the last report dated 27 June 2022.

By 30 July 2022 the provider must ensure that all health and safety checks are carried out on a regular and planned way and actions taken where needed.

To do this the provider must at a minimum:

- a) Ensure that all health and safety checks of specialist equipment are carried out,

- b) That the garden areas are risk assessed and necessary steps to ensure the safety of people are taken,
- c) Ensure that the home is free of malodour.

This is to comply with Regulations 4(1)(a) (Welfare of users) and 10(1) and 2(b) (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 27 June 2022.

Action taken on previous requirement

The service employed a new maintenance officer. He carried out health and safety checks of equipment and the wider environment. The garden areas had now been made safe - this included an overall tidy up removing unsafe objects and ensuring that paved areas were repaired to allow people to walk safely. The cleanliness of the home was being maintained to a high standard, the environment was pleasant and free of odours.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people are treated respectfully the provider should support staff to demonstrate good communication and ensure people are treated with dignity and compassion at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs'. (2.8) and to take account of the Principles of the HSCS - dignity and respect and to be included.

This area for improvement was made on 27 June 2022.

Action taken since then

We observed people and their staff team to have good relationships. Staff communicated well with people and worked in a respectful manner with people. This area for improvement is met.

Previous area for improvement 2

The provider should ensure that staff are given regular supervision and support. Through addressing this, staff will be supported to develop and improve the quality of their practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (3.14)

This area for improvement was made on 27 June 2022.

Action taken since then

Staff supervision and appraisal was in the early stages of development and being introduced to all staff. This area for improvement is continued.

Previous area for improvement 3

To support safe outcomes for people, the manager should further develop robust systems to be able to demonstrate that people's property is respected and valued. The manager should:

- Make sure all clothing and personal property is clearly labelled.
- Make sure that inventories of residents personal property is accurate and current.
- Replace or reimburse lost items timeously so that people are not disadvantaged.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions'. (4.4)

This area for improvement was made on 20 September 2021.

Action taken since then

The service ask that all clothing is labelled on admission to the home and that any items brought in after this are also labelled. The service has a tab system to help identify clothing and personal property if needed. Staff had been reminded to check clothing and remind families to label items. This area for improvement is met.

Previous area for improvement 4

To support safe outcomes for people, the manager should:

- a) Ensure that care plan documentation is sufficiently detailed to support and guide staff practice and reflects the care planned or provided. Records should be regularly reviewed and updated as necessary to maintain consistency of care,
- b) Be able to demonstrate that all staff have a clear understanding of the appropriate management of skin integrity and pressure relieving equipment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (3.14)

This area for improvement was made on 1 July 2021.

Action taken since then

We took this area for improvement into account when assessing the requirements made. This area for improvement is met.

Previous area for improvement 5

To support safe outcomes for people, the manager should:

- a) Ensure that personal hygiene records are accurate and reflect the care/support provided,
- b) Ensure regular on-going monitoring and evaluation of personal hygiene records to be able to show that people's needs are being met and their wishes and choices are respected.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (1.23)

This area for improvement was made on 1 July 2021.

Action taken since then

We took this area for improvement into account when assessing the requirements made. This area for improvement is met.

Previous area for improvement 6

To support safe outcomes for people, the manager should:

- a) Further develop robust systems to be able to demonstrate that the nutritional needs of people who use the service are regularly assessed and met,
- b) Ensure timeous assistance is being provided to people who require support with eating and drinking.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My care and support meets my needs and is right for me'. (1.19)

This area for improvement was made on 1 July 2021.

Action taken since then

We took this area for improvement into account when assessing the requirements made. This area for improvement is met.

Previous area for improvement 7

To support safe outcomes for people, the manager should be able to demonstrate that there is always enough staff available to meet the needs of people who use this service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs are met by the right number of people'. (3.15)

This area for improvement was made on 1 July 2021.

Action taken since then

We took this area for improvement into account when assessing the requirements made. This area for improvement is met.

Previous area for improvement 8

To support safe outcomes for people, the manager should further develop robust systems to be able to demonstrate that people's property is respected and valued.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions'. (4.4)

This area for improvement was made on 1 July 2021.

Action taken since then

This area for improvement was taken into account with improvement 3. This is met.

Previous area for improvement 9

The provider should be able to demonstrate that staff have the necessary skills and experience in relation to the work they are expected to do.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'. (3.14)

This area for improvement was made on 1 July 2021.

Action taken since then

We took this area for improvement into account when assessing the requirements made. This area for improvement is met.

Previous area for improvement 10

When areas of risk are identified, the provider should introduce clear guidance to direct staff practice to ensure that residents' care and support arrangements are being effectively monitored and evaluated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice'. (4.11)

This area for improvement was made on 21 November 2021.

Action taken since then

We took this area for improvement into account when assessing the requirements made. This area for improvement is met.

Previous area for improvement 11

In order to ensure positive outcomes for people who use this service. The service should have a clear plan in place to inform staff practice and be able to evidence that people who use this service are given enough support to have meaningful contact to stay connected with relatives and friends.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'. (3.18)

This area for improvement was made on 21 October 2021.

Action taken since then

People were being supported well to have meaningful contact with relatives and friends. This area for improvement is met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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